Action Notice of Appointment LIC 447-54A (Rev. 9/08)

		Pursuant to Section	ns 1704 through 1	707 and/or 167	3 or 1756 of the	Insurance	Code	
Ins	urer Name: _							
FE	IN: Federal Em _l	ployer Identification Nu	NAIC	#	_			
		ce Commissioner of designated insurer			• •			ne date shown o
	hen using thi	s form with an Individ	lual Application (44	1-9) submit only	one name per fori	m and attac	ch the for	m to the
**/	Appoint Type:	Only one appointment	type per line.					
	FX - Fire/Cas CS - Cargo Sl	at and Health Agent ** sualty Broker-Agent <u>A</u> hipper's Agent <u>CI</u> - C hipper <u>TA</u>	<u>U</u> - Limited Lines Auredit Insurance Agen	uto Insurance Age t <u>PL</u> - Personal I	ent <u>LA</u> - Life and l Lines Broker Agent	Disability A MC - Mo	nalyst	
	Appoint Type **	Social Security/ FEIN	License #	Na	me: As shown on li	cense		Effective date of Appointment
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
Sig	nature of In with the Depa	Surer: Signature must artment.	be that of an officer of	of the Company o	r a person authorize	ed under a S	Special Po	wer of Attorney o
►Name:				Official Title:			Date:	
Pho	one Number:()		E-mail:				
If a		Submit \$24 per appoints Life-Only and Accide Iling fee.		Enter number	of appointments		X \$24	= \$
1.	If you are sul	omitting only an action OR	notice Mail Action I	Notice and fee to	P. O. Box 928		urance	
2.		ntice is being submitted n Notice with Applica	tion	Sacramento, Ca 95812-092 California Department of Insurance P. O. Box 1139 Sacramento, Ca 95812-1139				